

# Statement of Organization - Candidate Committee

Is this statement:

New  Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

## 1. Committee Information

|   |                                 |
|---|---------------------------------|
| a. Name of Committee<br>Committee to Elect Todd Griffin                                     | d. ID Number                    |
| b. Mailing Address (include City, State and Zip Code)<br>227 8th St NE<br>Conover, NC 28613 | e. Date Organized<br>7/2/2025   |
| c. Committee Website (Optional)   | f. Phone Number<br>704-906-0960 |

## 2. Candidate Information

|  |  |                               |                            |
|--|--|-------------------------------|----------------------------|
| a. Full Name<br>Todd Stanley Griffin   | e. Party Affiliation<br>Non-Partisan     |                               |                            |
| b. Mailing Address (include City, State, and Zip Code)<br>227 8th St NE<br>Conover, NC 28613 | f. Office Sought<br>Conover City Council |                               |                            |
| c. Phone Number<br>704-906-0960  | d. Email Address<br>todd@tkgriffin.com   | g. Next Election Year<br>2025 | h. Jurisdiction<br>Conover |
| <input type="checkbox"/> Email copy of report notices  |  |                               |                            |

## 3. Treasurer Information

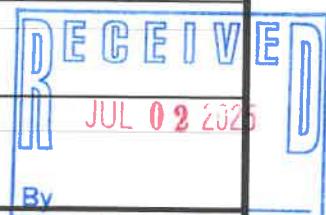
|                                      |  |                 |                  |
|--------------------------------------|--|-----------------|------------------|
| a. Full Name<br>Todd Stanley Griffin | b. Mailing Address (include City, State, and Zip Code)<br>227 8th St NE<br>Conover, NC 28613 |                 |                  |
| c. Phone Number<br>704-906-0960      | d. Email Address<br>todd@tkgriffin.com   | e. Phone Number | f. Email Address |

Send report notices by email  Yes  No

Email copy of report notices

## 5. Custodian of Books Information (Keeper of Records)

|   |  |
|---|--|
| a. Full Name<br>N/A                                   | b. Mailing Address (include City, State, and Zip Code) |
| c. Phone Number                                       | d. Email Address                                       |
| <input type="checkbox"/> Email copy of report notices |  |
| <b>6. Account Information (incl. CRO-3500)</b>        |  |
| a. Financial Institution Full Name<br>N/A             | b. Purpose   |
| b. Account Code                                       | c. Type  |



I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Todd Griffin

Printed Name of Treasurer

Todd Griffin

Signature of Appointed Treasurer

7/2/25

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Todd Griffin

Printed Name of Candidate

Todd Griffin

Signature of Candidate

7/2/25

Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

**This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.**

#### FILED BY:

Committee Name: Committee to Elect Todd Griffin  
Treasurer Name: Todd Stanley Griffin  
Treasurer Address: 227 8th St NE  
(include city, state, & zip) Conover, NC 28613

Treasurer Phone: 704-906-0960

#### Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DISCLAIMER CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously filed from the beginning of the current election cycle. I further agree to file all future reports required.

7/2/25  
Date Signed

Todd Griffin  
Signature



# NORTH CAROLINA

---

## STATE BOARD OF ELECTIONS

### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

**This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.**

Candidate Name: Todd Stanley Griffin

Committee Name: Committee to Elect Todd Griffin

Treasurer Name: Todd Stanley Griffin

If Candidate is own treasurer, designate an agent to carry out designations: Kelly Griffin

Committee ID#:

Level Registered: [State] [County] If county, specify: Catawba

I, Todd Stanley Griffin hereby direct that in the event of my death or incapacity all  
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity  
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

|                           |             |
|---------------------------|-------------|
| 1. <u>Trinity Baptist</u> | <u>100%</u> |
| 2. _____                  | _____       |
| 3. _____                  | _____       |

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: 

Date: 7/2/25